Core elements of a comprehensive multi-sectoral response to prevent suicide &
Progress in implementing suicide prevention programmes at global level

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Overview

- Core components of national suicide prevention programmes: An update of the evidence base

- Progress in implementing suicide prevention programmes at global level

- 1st and 2nd national suicide prevention programmes: Country examples
### Core components of national suicide prevention strategies

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Strategic actions and targeted suicide prevention activities that may reinforce the development of a national strategy

In countries where a fully developed, comprehensive national strategy is not yet in place, this should not delay targeted suicide prevention programmes, while these can contribute to a national response.

Regardless of the current level of implementation and context, countries can commence with strategic actions for suicide prevention (bottom up), e.g:

- Engaging with relevant stakeholders
- Training of health and community based professionals, and changing attitudes.
- Reducing access to means
- Building surveillance
- Raising awareness
- Engaging with the media

A community driven, regional action plan, can draw national interest and provide a basis for wider implementation.
Recent systematic reviews

- ‘Suicide prevention strategies revisited: 10-year systematic review’ *(Zalsman et al, 2016)*
  - Provides an update of the evidence on effective suicide prevention interventions since 2005.

- ‘Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis’ *(Hawton et al, 2016)*
  - Outlines the findings of a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults.
Suicide surveillance - Data Quality

- The quality and availability of data on suicide and suicide attempts is poor globally.
- ONLY 20 countries are known to have gathered national survey data and 3 have national hospital-based suicide attempt data.
- ONLY 60 countries have good-quality vital registration data on suicide mortality.
- Improvement of surveillance and dissemination of data is necessary to inform action.
Surveillance of suicide attempts/self-harm

- Provides a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals, based on medical records (WHO, 2016)

While there is a lack of reliable national data on the prevalence of suicide attempts/self-harm presentations to hospital emergency departments, and the demographic and psychosocial profile of those involved, surveillance and follow-up of this high-risk group could be an initial step to building a national suicide prevention programme.

Restricting access to means

- Consistent evidence that restricting access to lethal means is associated with a decrease in suicide and that substitution to other methods appears to be limited. This is clearly a major strategy to be integrated in national suicide prevention plans (Zalsman et al, 2016)

- Reducing access to frequently used sites for suicide. Evidence from 18 studies showed a consistent reduction of suicide following restricted access and increased safety of the sites involved (Pirkis et al, 2015)

- Increasing trends of suicides involving helium gas in the Western Pacific Area and in Europe (Chang et al, 2016; Gunnell et al, 2015)

- Restricting access to means to be implemented in conjunction with other suicide prevention strategies/interventions.
Media

- Systematic review of 56 studies (Sisask & Varnik, 2012)
  - Most studies provided evidence for an association between sensationalised media reporting and suicidal behaviour,

Social media

- Systematic review covering 30 studies on social media sites for suicide prevention (Robinson et al, 2016)
- Social media platforms can reach large numbers of individuals and may allow others to intervene following expression of suicidal behaviour
- Challenges: controlling user behaviour, possibility of contagion, and accurately assessing suicide risk, issues relating to privacy and confidentiality

Media awareness campaigns

- The role of mass media in reducing stigma and increasing help seeking behaviour.
  - Indications for most promising results based on multi-level suicide prevention programmes (Niederkrotenthaler et al, 2016)
Media and copycat suicides and suicide attempts/self-harm

Families blame ‘13 Reasons Why‘ for the suicides of 2 teens in California (US), April 2017

Netflix drama series blamed for inspiring teens’ suicide and attempted suicide (Austria), May 2017

‘13 Reasons Why’ copycat suicide in Peru, June 2017

Increase in teen suicidal behaviour linked to ‘13 Reasons Why’, Toronto, June 2017
Training and education

- Educating health care and community based professionals to recognise depression and early signs of suicidal behaviour are important for determining level of care and referral for treatment, and subsequent prevention of suicidal behaviour.  
  (Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)

- Sustainability and capacity building of trainers and benefits in terms of knowledge, attitudes and confidence via a Train-The-Trainer model  
  (Coppens et al, 2014; Isaac et al, 2009)

- Some indications for a link between improvements in intermediate outcomes (e.g. improved knowledge, attitudes and confidence) among health care and community based professionals and primary outcomes, e.g. reduced suicide and self-harm rates  
  (Mann et al, 2005; Hegerl et al, 2011; Zalsman et al, 2016)
Availability of training programmes on suicide risk assessment & intervention

**National SP strategy**
- No Training for GPs: 50%
- Training for GPs: 50%

**No national SP strategy**
- No Training for GPs: 100%
- Training for GPs: 0%

**National SP strategy**
- No training for MHPs: 40%
- Training for MHPs: 60%

**No national SP strategy**
- No training for MHPs: 80%
- Training for MHPs: 20%
School based intervention programmes

- Quality of evaluation studies involving school based programmes has improved over the past decade

- Evidence from RCTs addressing mental health literacy, resilience and positive coping skills, suicide risk awareness and skills training impacted on reduced suicide attempts and severe suicidal ideation

Increasing evidence for consistent evidence of mental health promotion programmes in secondary school settings across different cultural contexts (Fleischmann et al, 2016; Zalsman et al, 2016; Arensman et al, 2017)
Effectiveness of treatments for people who have engaged in self-harm

- Updated Cochrane review (*Hawton et al, 2016*)
  - Review of 55 RCTs including 17,699 participants
  - Most commonly evaluated intervention: CBT-based psychological therapy
  - Most of the CBT studies: one-to-one; max. 10 sessions
  - At follow-up, people who had received CBT were less likely to self-harm; 6% fewer people self-harm compared to those with treatment as usual.

- For people with a history of multiple self-harm episodes, other interventions, such as Dialectical Behaviour Therapy, may reduce repeated self-harm. However, this involved only a small number of trials

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Multi-level suicide prevention programmes

- Community based interventions to improve the care for people diagnosed with depression and simultaneously address awareness and skills in early identification of suicide risk among healthcare and community based professionals (*EAAD, NOCOMIT-J*).

- Reductions in fatal and non-fatal suicidal behaviour combined up to **32%** (*Szekely et al, 2013; Hegerl et al, 2013*).

- Proven synergistic effects of simultaneously implementing evidence based interventions (*Harris et al, 2016*).
European Alliance Against Depression: Multi-level suicide prevention programme

Aim:
Improving the treatment for people with depression and prevention of suicide

1. Training for GPs

2. Training for Community Facilitators

3. Awareness campaign for the general public

4. Interventions for patients & family members (evidence based interv. & guided self-help)

Reduction in suicide and suicide attempts up to 31% in 3 years (Hegerl et al, 2013)
National Suicide Prevention Strategies: Progress and challenges
Suicide viewed by government as significant public health problem:

- 39% Yes
- 61% No

National suicide prevention strategy:

- 31% Yes
- 14% Under development
- 55% No

Has the national strategy been fully or partially implemented?

- 25% Fully
- 21% Partially
- 54% No response
Country examples of 1\textsuperscript{st} or 2\textsuperscript{nd} national suicide prevention strategy

\textbf{First strategy:}
- Bhutan
- Guyana
- Iran
- Republic of Korea
- Switzerland
- Namibia (2\textsuperscript{nd} national strategy in progress)
- Uruguay

\textbf{Second strategy:}
- England
- Ireland
- Sweden
- Japan
- USA
Challenges in developing and implementing national suicide prevention programmes

- Ineffective planning, co-ordination, collaboration, lack of enforcement of guidelines and insufficient resources

- Lack of independent and systematic evaluations of national suicide prevention programmes

- Address real-time developments, in particular, mental health needs and suicide prevention among refugees and migrants from LMICs

- Despite many challenges, encouraging developments in relation to initiating or completing national suicide prevention programmes, e.g: Lithuania, Guyana, Namibia, Afghanistan
Countries with recently completed/initiated national suicide prevention programmes despite many challenges – Examples

Guyana

Afghanistan
National Suicide Prevention Plan (2015-2020)

High rate of suicide: 44.2 suicides per 100,000 people in 2012 (WHO)

Long-term criminalisation of suicide and attempted suicide

Universal interventions, targeting the whole of a population to reduce access to means and reduce inappropriate media coverage of suicide.

The Strategy relies on cross-cutting values and principles:
1) Universal health coverage; 2) Human rights; 3) Evidence-based practice – and interventions for treatment and prevention; 4) Life course approach;
Example
Afghanistan

- National Suicide Prevention Strategy in Development

- In 2014, the suicide rate in Afghanistan was 5.7 per 100,000 people (WHO)
  - However, the accuracy of the suicide data is limited

- The Afghan Ministry of Public Health (MoPH) reported 4,466 self-poisoning and 4,136 self-immolation cases in 2014 across Afghanistan, where suicides exceed deaths by homicide and war combined annually

- The strategy is based on the following key values, respect for diversities; sensitiveness to socio-culture-religious and gender issues; promotion of the society dignity and respect for the human rights of people.
Connecting for Life
Ireland’s National Strategy to Reduce Suicide, 2015-2020

Strategic Goals of the Strategy (7 goals and 69 actions):

1. To improve the nation’s understanding of and attitudes to suicidal behaviour (fatal and non-fatal), mental health and wellbeing

2. To support local communities’ capacity to prevent and respond to suicidal behaviour

3. To target approaches to reduce suicidal behaviour and improve mental health among priority groups

4. To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

5. To ensure safe and high quality services for people vulnerable to suicide

6. To reduce and restrict access to means of suicidal behaviour

7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour
Innovative aspects of Connecting for Life

- Whole-of-Government engagement, cross-sectoral collaboration and multi-agency approach to suicide prevention

- A focus on formal accountability, adequate response, and openness for change in line with emerging evidence-based initiatives

- Evaluation and high-quality research with regard to suicidal behaviour by tracking the progress of the strategy implementation against set indicators over the next five years

- Outcomes framework including primary, secondary and intermediate outcomes
How IASP can facilitate the development and implementation of national suicide prevention programmes

• Disseminating information and exchange of information and expertise via IASP National Representatives

• Sharing of best practice and evidence based intervention and prevention programmes via IASP Special Interest Groups and Task Forces

• Supporting the development of national and regional suicide prevention programmes

• World Congresses and regional congresses

• World Suicide Prevention Day

• Advisory role and close collaboration with WHO
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